

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1.	/					
2.		/				
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50.	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	*	*	*
IND.	DEP.	IND.	DEP.
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99			
100			
TOTAL IND.	9		
TOTAL DEP.	48		
TOTAL CLAIMS	57		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS